

280

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. <u>304</u>	
County of <u>Gila</u>	District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH	
Town of <u>Globe</u>	City of <u>Globe</u>	Co. Registrar's No. <u>511</u>	
(No. _____ St. _____ Ward)		Local Registrar's No. _____	
FULL NAME OF CHILD <u>Richard Howard Symons</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth
Legitimate? <u>Yes</u>	Date of Birth <u>8</u> <u>28</u> <u>1920</u>	Month	Day
FATHER		MOTHER	
Full Name <u>William John Symons</u>		Full Maiden Name <u>Currie Ann Laity,</u>	
Residence <u>Globe,</u>		Residence <u>Globe,</u>	
Color or Race <u>White</u>	Age at last Birthday <u>36</u> Years	Color or Race <u>White</u>	Age at last Birthday <u>33</u> Years
Birthplace <u>England</u>		Birthplace <u>England</u>	
Occupation <u>Miner</u>		Occupation <u>Housewife</u>	
Number of child of this Mother <u>4</u>	Number of Children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* 3,30

I hereby certify that I attended the birth of the above child; and that it occurred on 8-28 1920, at 3:30 P.M.

*When there is no attending physician or midwife, then the householder could make this return.

Signature H. E. Wightman
 Attending physician, midwife, householder.

For Christian name added from a

Address Globe, Ariz.

Supplemental report _____ 191__

Filed 8/30 1920

B. G. Fox
 LOCAL REGISTRAR.

922-828-338
 COUNTY REGISTRAR.

Filed 9-5 1920 A True Copy

B. G. Fox
 COUNTY REGISTRAR.